

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 191937221 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

4-1-04

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/			
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7	1	/	/		
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AL	17	1	7	1	
AL	21	12			
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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.					
TOTAL CLAIMS					